



Families On The Move of New York City, Inc.

## Membership Application

To apply for/renew membership, please complete the information below and send the completed form and a check to: ***Families On The Move of New York City, Inc.***

Individual	\$15.00
Family	\$20.00
Family Run Organization	\$50.00
Organization	\$75.00
Sponsor	\$500.00
Other/Donation	_____

Members of the Federation of Families for Children's Mental Health, please deduct \$5.00 off individual and family memberships.

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- \_\_\_\_\_ Parent/Caregiver of a Child with Special Needs
- \_\_\_\_\_ Social Service Provider
- \_\_\_\_\_ Concerned Citizen